



MMF COVID-19 Economic Response for Entrepreneurs

**APPLICATION FORM FOR ENTREPRENEURS  
EMERGENCY SUPPORT**

This program was developed by the Manitoba Metis Federation to help Metis entrepreneurs who have been financially negatively impacted by the pandemic to obtain instant financial relief.

**Applications will be reviewed and considered based on the severity of the COVID-19 impact on the business. Additional information may be required in order to approve the Metis entrepreneur emergency support.**

**All Metis business support will be based on a needs basis.**

<input type="checkbox"/>	<b>MMF Citizenship Card &amp; Photo ID</b>  Citizenship # _____	For all applicant(s) attach a photocopy of your current Manitoba Metis Citizenship Card or Confirmation Letter from MMF Central Registry Office (CRO) Approving your Citizenship Application. AND photo identification confirming address.
<input type="checkbox"/>	<b>Business Registration Documentation</b>	Corporations – Articles of Incorporation and Shareholders Agreement (if applicable) Sole Proprietorships & Partnerships – Business Registration Documentation.
<input type="checkbox"/>	<b>Confirmation of Employees</b>	To provide a copy of the CRA source deductions statement.
<input type="checkbox"/>	<b>Financial Information</b>	Attached 4 months business bank statements and internal financial statements.
<input type="checkbox"/>	<b>Bank Information</b>	Please attach a VOIDED cheque for processing purposes.

Applicant Information						
_____	_____	_____	_____	____/____/____	_____	_____
First Name	Initial	Surname	DOB Day	Month	Year	
_____	_____	_____	_____	_____	_____	_____
Street Address	City	Province	Postal Code	SIN #		
<b>Business Name:</b>						
_____						
Business Address: (If different from above)						
_____						
H phone: ( ) _____ - _____ W phone: ( ) _____ - _____ C phone: ( ) _____ - _____						
Email address: _____ MMF Region: _____ Local: _____						

**MMF COVID-19 Economic Response for Entrepreneurs**

Business Name: \_\_\_\_\_ Entrepreneur Name: \_\_\_\_\_

**Summary of financial impacts of COVID-19 on business**

Please provide a summary as to the financial challenges created due to the COVID-19 impact (**check all that apply**).

- Rent  Accounts Receivable  Accounts Payable  Payroll  Other

**Briefly provide additional details:**

**How did you hear about the MMF COVID-19 Economic Response for Entrepreneurs?**

Please choose all that apply:

- MMF Social media  MMF Website  MMF local  MMF Regional Office  
 Newspaper  MMF Affiliate  Word of Mouth  Other \_\_\_\_\_

**Please complete the following:**

**What is your business structure?** Sole proprietor, partnership, or incorporation

**How many years has your business been operating?** \_\_\_\_\_

**What is the Metis percentage of ownership?** \_\_\_\_\_

**Number of employees working prior to the pandemic?** Total: \_\_\_\_\_ Full-Time: \_\_\_\_\_ Part-Time: \_\_\_\_\_

**How many employees were laid-off due to the pandemic?** \_\_\_\_\_

**Is your business closed or reduced work hours, etc.?** (please explain)

Additional information:

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## MMF COVID-19 Economic Response for Entrepreneurs

### MMF COVID-19 Economic Response for Entrepreneurs Program Terms

Please initial:

- All applicants who give personal information to MMF shall be required to consent to the release of that information to the MMF in order to comply with the Personal Information Protection and Electronic Documents Act (PIPEDA) and Freedom of Information and Protection of Privacy Act (FIPPA). The information provided on this application will be used for the purpose of determining eligibility and potential successful selection for the MMF COVID-19 Economic Response for Entrepreneurs Program.

The undersigned consents to the release of information in this application form and the attached documents if required by law. Any questions regarding the collection or release of this information should be directed to:

Manitoba Metis Federation  
COVID-19 Economic Response for Entrepreneurs Program  
340 – 150 Henry Avenue  
Winnipeg Manitoba R3B 0J7

Email: [businessinfo@mmf.mb.ca](mailto:businessinfo@mmf.mb.ca)  
Fax: (204) 589-0791  
Toll Free: 1 (800) 249-1217

### Applicant Declaration

The undersigned hereby understands, agrees, and declares that:

- I consent to the sharing of my information with MMF and their strategic partners.
- I, certify that the information provided in this application is true, complete and accurate to the best of my knowledge. I acknowledge that knowingly making a false or fraudulent application shall be considered sufficient cause for refusal of this application for the MMF COVID-19 Economic Response for Entrepreneurs Program. **In the event it is verified that you have made false or misleading statements or submitted a fraudulent application, you will be required to make immediate repayment of any funding provided through this program as well as any legal costs that may have been incurred through the recoupment process to the MMF under the MMF COVID-19 Economic Response.**
- By accepting the MMF COVID-19 Emergency Relief Funding, I acknowledge I am not eligible to apply for other MMF COVID-19 Relief Programs. By accepting the MMF support, it will not impact other Federal program eligibility.
- I have read, understand and agree to the programs terms and conditions.

### Applicant Acknowledgement and Signature

\_\_\_\_\_  
**Applicant Name (required) (please print)**

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

For Office Use Only:

Assigned to: \_\_\_\_\_ Approved by: \_\_\_\_\_ Amount Approved: \_\_\_\_\_

Additional Comments: \_\_\_\_\_